

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90097 039 ***150.00

DOCUMENT # F99000006286

1. Entity Name
HIGH-TECH INSTITUTE, INC.

Principal Place of Business
1445 EAST INDIAN SCHOOL ROAD
PHOENIX AZ 85014

Mailing Address
1445 EAST INDIAN SCHOOL ROAD
PHOENIX AZ 85014

2. Principal Place of Business
2250 West Peoria Avenue

3. Mailing Address
same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-200

City & State
Phoenix, Arizona

City & State

Zip Country
85029 U.S.A.

Zip Country

4. FEI Number **86-0973099**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name
C. T. Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Zip Code
Plantation FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Candice Maerz, Asst. Secy., CT Corporation System** **4/2/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

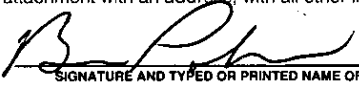
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POBIAK, DENNIS 1445 EAST INDIAN SCHOOL ROAD PHOENIX AZ 85014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFFNEY, CHRISTOPHER 1445 EAST INDIAN SCHOOL ROAD PHOENIX AZ 85014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VETTEL, MATTHEW 1445 EAST INDIAN SCHOOL RD PHOENIX AZ 85014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POBIAK, MARILYN 1445 EAST INDIAN SCHOOL ROAD PHOENIX AZ 85014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCDUGALL, JOHN 1445 EAST INDIAN SCHOOL ROAD PHOENIX AZ 85014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Brandon Pobiak**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 (602) 328-2800
Date Daytime Phone #

CR2E034 (10/00)